

# APPLICATION FOR TENNESSEE TEACHING LICENSE

For Applicants completing programs outside of the United States

## PERSONAL DATA

If you have previously held a Tennessee Teacher's License or Permit indicate below:

Type \_\_\_\_\_

Reference/Teacher Number \_\_\_\_\_

Last Name		First Name		Middle/Maiden	
Social Security Number	Email Address	Telephone Number	Date of Birth	* Race	* Sex
Street/P.O. Box		City		State	Zip Code

*\*Optional-Statistical information only*

## PLEASE READ CAREFULLY BEFORE SIGNING

Answer the following questions if you have **NEVER** held a Tennessee Teacher License or Permit:

1. Have you ever been convicted of a felony (including a conviction or plea of nolo contendere)? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Have you ever been convicted of the illegal possession of drugs and/or narcotics? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you ever falsified or altered documentation required for licensure? \_\_\_\_\_ YES \_\_\_\_\_ NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

Answer the following questions if you have **EVER** held a Tennessee Teacher License or Permit, (since the Tennessee License or Permit was last issued or renewed):

1. Have you been convicted of a felony, (including a conviction or plea of nolo contendere)? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Have you been convicted of the illegal possession of drugs and/or narcotics? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you falsified or altered documentation required for licensure? \_\_\_\_\_ YES \_\_\_\_\_ NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR APPLICANTS COMPLETING ACADEMIC TRAINING OUTSIDE OF THE UNITED STATES

Applicants for licensure in Tennessee that completed their degrees outside of the United States must submit to this office:

- \* A completed application for a Tennessee teaching license
- \* The original course by course equivalency of your out of country transcripts from a recognized evaluation service (World Education Services, Inc., Josef Silney, etc.). This information must include the degree equivalency of your academic training and interpretation of all credit earned in terms of United States semester hours.
- \* Verification of teaching experience
- \* Unofficial (copies) transcripts of credit/degrees earned in countries outside the United States
- \* Official transcripts of credit/degrees earned in colleges/universities in the United States
- \* Official copies of all Praxis Series Examinations

**NOTE: We will only accept the Designated Institution Score Report of Praxis Scores submitted by the college/university or scores sent directly from ETS**

***If you have not taken the Praxis examination, contact the Office of Teacher Licensing before you register for the exams.***

Please mail application to:

**Tennessee Department of Education**  
Office of Teacher Licensing  
4th Floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, Tennessee 37243-0377  
Telephone (615) 532-4885

**TENNESSEE DEPARTMENT OF EDUCATION  
OFFICE OF TEACHER LICENSING  
EXPERIENCE VERIFICATION FORM**

This form does not need to be completed for experience which has been accrued at a Tennessee Public School, unless experience is for the current school year. Use this form in reporting non-public school teaching experience accrued in Tennessee, public and non-public school teaching experience accrued outside of Tennessee, and administrative or teaching experience in approved colleges and universities.

**IMPORTANT: Please keep a copy of this form. You will need to give a copy to your superintendent /director of schools when you are employed.**

Name	Social Security Number	Teacher Reference Number
School System	State	School System's Telephone Number

**EXPERIENCE RECORD** (Please list experience yearly beginning with July 1 and ending June 30.)

Name of School	Position and Grade Level	School Year		Time Served		Full Time or Indicate % Part Time
		Start Date Mo/Day/Yr	End Date Mo/Day/Yr	Month(s)	Day(s)	

The above school system or college was fully approved or accredited by the \_\_\_\_\_  
\_\_\_\_\_ at the time service was performed.  
(State Department of Education or Regional Association of Colleges & Schools)

\_\_\_\_\_ Public School                      \_\_\_\_\_ U.S. Govt. School                      \_\_\_\_\_ Private School  
 \_\_\_\_\_ Full Time Member of College or University Faculty

I hereby certify that the above listed experience is a true and correct copy of the records on file for the teacher named above. ***(This form must be signed by an official from the school system central office.)***

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Street/P.O. Box**                      **City**                      **State**                      **Zip Code**

<b>Email Address</b>	<b>Telephone Number</b>
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